

# Medicaid Managed Care Quarterly Transparency Report

*State Fiscal Year 2020 – Quarter 1*

*Response to Act 482 of the 2018 Regular Legislative Session*

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## Contents

Introduction .....	2
Acronyms Used in This Report .....	2
Louisiana Medicaid Expansion Population.....	3
Expansion Enrollment by Age Cohort and MCO .....	3
Expansion Enrollees with Earned Income .....	4
Expansion Per Member Per Month Payments.....	5
Medicaid Expansion Population Service Utilization.....	6
Pharmacy Benefit Managers (PBM).....	10
PBM Revenue Streams.....	10

## Introduction

This report is submitted in response to Act 482 of the 2018 Regular Legislative Session. The report contains requested data on the Medicaid expansion population and managed care organization (MCO) pharmacy benefits managers (PBM). As part of the Medicaid Managed Care Transparency Report, this report includes only those expansion population counts and expenditures for individuals enrolled in an MCO for either full or partial benefits. The report will be produced quarterly according to the following schedule.

State Fiscal Year Quarter	Months Reported	Report Issue Date
Q1	July, August, September	January 20 <sup>1</sup>
Q2	October, November, December	April 20
Q3	January, February, March	July 20
Q4	April, May, June	October 20

Each quarterly report will provide monthly data for the reporting period, as well as unduplicated year-to-date (YTD) totals for the 2020 state fiscal year. A collective chart of the data submitted in each quarterly report will be included in the annual Medicaid Managed Care Transparency Report. All data reported will be current as of the run date of each report; however, some data may change over time due to the dynamic nature of Medicaid enrollment and claims processing. Claims data will be reported based on date of payment, rather than date of service as previously reported under Senate Resolution 163 of the 2017 Regular Legislative Session. This will minimize fluctuations in data due to claim lag when data for the same reporting period is reported at a later date. Likewise, because Medicaid provides for retroactive enrollment, enrollment data presented each quarter may vary somewhat from data reported in the annual summary or other future reports.

## Acronyms Used in This Report

Throughout this report, several acronyms are used to enable the concise presentation of data in tables. These acronyms are presented below.

### Managed Care Organizations

ABH Aetna Better Health  
ACLA Amerihealth Caritas of Louisiana  
HB Healthy Blue  
LHCC Louisiana Healthcare Connections  
UHC UnitedHealthCare Community Plan

### Other Acronyms

MCO Managed Care Organization  
DBPM Dental Benefits Plan Manager  
PBM Pharmacy Benefits Manager  
SFY State Fiscal Year  
YTD Year to Date  
ED Emergency Department  
NEMT Non-Emergency Medical Transportation  
CMS Centers for Medicare & Medicaid Services  
MCNA Managed Care of North America, Inc. (the DBPM)

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<sup>1</sup> According to Act 482, reports are to be submitted on the 20<sup>th</sup> of each month. Subsequently, in November of 2019, Louisiana state government came under a ransomware attack. For these reasons, data was not able to be prepared for the January 20<sup>th</sup> report deadline.

## Louisiana Medicaid Expansion Population

On July 1, 2016, per Executive Order JBE 16-01, Louisiana expanded Medicaid coverage under the Affordable Care Act to adults aged 19 through 64 under 138% of the Federal Poverty Level. The majority of the expansion group receive full Medicaid coverage through enrollment in one of five contracted Medicaid MCOs. Each month less than 1% of expansion enrollees are enrolled in cases such as incarceration or enrollment in Medicare that may require a period of coverage for some services under fee for service (FFS). Non-managed care data for these cases are not included in this report.

### Expansion Enrollment by Age Cohort and MCO

During the current reporting quarter, July 1, 2019 through September 30, 2019, the unduplicated count of expansion enrollees enrolled in an MCO was 480,784. Table 1 provides a breakdown of enrollees by age, MCO and month. Totals for each MCO and for the fiscal YTD are unduplicated and therefore will not equal the sum or counts by MCO or the sum of counts by month.

**Table 1: Expansion enrollment by age cohort and MCO, SFY 2020 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2019</b>						
<b>Ages 19 to 49</b>	34,222	47,528	69,507	98,020	105,974	355,251
<b>Ages 50 to 64</b>	14,007	13,474	20,518	24,328	27,829	100,156
<b>Total</b>	48,229	61,002	90,025	122,348	133,803	455,407
<b>August 2019</b>						
<b>Ages 19 to 49</b>	34,585	47,920	70,608	99,135	107,217	359,465
<b>Ages 50 to 64</b>	14,059	13,544	20,736	24,428	28,068	100,835
<b>Total</b>	48,644	61,464	91,344	123,563	135,285	460,300
<b>September 2019</b>						
<b>Ages 19 to 49</b>	34,828	48,228	71,358	99,813	107,911	362,138
<b>Ages 50 to 64</b>	14,079	13,525	20,939	24,520	28,264	101,327
<b>Total</b>	48,907	61,753	92,297	124,333	136,175	463,465
<b>SFY 2020 Q1 Total</b>						
<b>Ages 19 to 49</b>	36,472	50,397	74,458	103,987	112,738	377,272
<b>Ages 50 to 64</b>	14,852	14,233	21,976	25,692	29,646	106,147
<b>Total<sup>2</sup></b>	51,123	64,449	96,106	129,319	142,009	480,784
<b>SFY 2019 YTD<sup>2</sup></b>	<b>51,123</b>	<b>64,449</b>	<b>96,106</b>	<b>129,319</b>	<b>142,009</b>	<b>481,973</b>

Source: Medicaid Data Warehouse, data extracted 11/12/19.

<sup>2</sup> Quarterly totals and YTD totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

## Expansion Enrollees with Earned Income

Table 2 presents the number of expansion enrollees in each MCO with earned income. Approximately 56% of the expansion population for quarter 1 reported earned income. This analysis may include individuals with a disability or other persons identified in CMS guidance whose ability to work may be limited, such as students and individuals with complex medical conditions.

**Table 2: Unduplicated expansion enrollees with earned income by age cohort and MCO, SFY 2020 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2019</b>						
<b>Ages 19 to 49</b>	17,646	26,812	38,946	57,566	61,508	202,478
<b>Ages 50 to 64</b>	4,935	5,003	7,654	9,684	10,643	37,919
<b>Total</b>	22,581	31,815	46,600	67,250	72,151	240,397
<b>August 2019</b>						
<b>Ages 19 to 49</b>	18,297	27,715	40,460	59,603	63,588	209,663
<b>Ages 50 to 64</b>	5,115	5,145	7,962	9,946	11,068	39,236
<b>Total</b>	23,412	32,860	48,422	69,549	74,656	248,899
<b>September 2019</b>						
<b>Ages 19 to 49</b>	19,058	28,741	42,267	61,922	65,923	217,911
<b>Ages 50 to 64</b>	5,280	5,295	8,293	10,229	11,458	40,555
<b>Total</b>	24,338	34,036	50,560	72,151	77,381	258,466
<b>SFY 2020 Q1 Total</b>						
<b>Ages 19 to 49</b>	20,108	30,223	44,387	64,853	69,365	228,285
<b>Ages 50 to 64</b>	5,607	5,598	8,763	10,799	12,115	42,727
<b>Total<sup>3</sup></b>	<b>25,647</b>	<b>35,762</b>	<b>53,024</b>	<b>75,525</b>	<b>81,303</b>	<b>270,453</b>

Source: Medicaid Eligibility Data System, data extracted on 2/18/2020.

<sup>3</sup> Quarterly totals are unduplicated and may not equal the sum of individual cells due to duplication across months and MCOs.

## Expansion Per Member Per Month Payments

In the first quarter of SFY 2020, total payments of \$829,545,226 were issued to the five MCOs to manage the care of individuals in the expansion population for medical, specialized behavioral health, pharmacy and transportation services. Table 3 presents the total payments to each MCO to manage the care of the individuals in the expansion population assigned to their MCO by month of payment.

**Table 3: Total payments to MCOs for expansion population, SFY 2020 Quarter 1**

	ABH	ACLA	HB	LHCC	UHC	Total
<b>July 2019</b>	\$30,220,266	\$36,100,659	\$53,884,143	\$70,328,603	\$80,024,161	\$270,557,832
<b>August 2019</b>	\$30,986,512	\$37,030,750	\$55,597,457	\$73,045,762	\$82,016,883	\$278,677,364
<b>September 2019</b>	\$30,885,458	\$37,495,562	\$55,830,116	\$73,362,066	\$82,736,828	\$280,310,030
<b>SFY 2020 Q1 Total</b>	\$92,092,236	\$110,626,971	\$165,311,716	\$216,736,431	\$244,777,872	\$829,545,226
<b>SFY 2020 YTD</b>	\$92,092,236	\$110,626,971	\$165,311,716	\$216,736,431	\$244,777,872	\$829,545,226

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/1/19 and 10/11/19.

In addition to the services provided by the MCOs, the state contracts with a single dental benefit program manager, MCNA, Inc., to provide administration of dental benefits for the expansion population. Expansion enrollees aged 19 and 20 years are eligible for all Medicaid covered dental services. Enrollees 21 years of age and over are eligible for covered denture services only. Table 4 provides total payments for dental benefits by month of payment.

**Table 4: Total payments for dental benefits for expansion population, SFY 2020 Quarter 1**

	MCNA
<b>July 2019</b>	\$1,082,863
<b>August 2019<sup>4</sup></b>	\$0
<b>September 2019<sup>4</sup></b>	\$0
<b>SFY 2020 Q1 Total</b>	\$1,082,863
<b>SFY 2020 YTD</b>	\$1,082,863

Source: ISIS/CP-012 and Medicaid Data Warehouse, data extracted on 10/1/19 and 10/11/19.

<sup>4</sup> LDH entered an emergency contract with MCNA to continue delivery of dental benefits, after cancellation of the 2018 RFP. Due to delays in the Emergency Contract approval, August and September payments were postponed until final approval was received in October 2019.

## Medicaid Expansion Population Service Utilization

As requested in Act 482 of the 2018 Regular Legislative Session, this section provides a comparison of specified service utilization for the expansion population and the non-expansion population, by age cohort. The expansion population covers any adult who meets the eligibility criteria of aged 19 to 64 years old and has a household income less than 138% of the federal poverty level that do not meet other Medicaid categorical (Aged, Blind, Child-related, Disabled, or are not eligible for or enrolled in Medicare) eligibility criteria. Non-expansion includes all other groups of individuals including children under 19, pregnant women, low-income parents/caretakers relatives of minor children, and individuals over 65, blind or disabled.

The number of recipients who received services is unduplicated within each service category and reporting time period and, as a result, cannot be added to ascertain the total number of recipients who received services each month. Total MCO expenditures within these reporting categories in SFY 2020 quarter 1 were \$549,042,379 for the expansion population and \$706,306,718 for the non-expansion population. This includes claim payments made to providers by the MCOs for these select services and does not include payments made under the fee-for-service program. Approximately 44% of total payments by the MCOs to providers for the six categories of service presented are attributed to utilization by the expansion population.

**Table 5a: Emergency Department<sup>5</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>6</sup>	Recipients	0	0	0	0	28,573	41,330	65,937	114,202	0.0%
	Payments	\$0	\$0	\$0	\$0	\$3,325,544	\$6,282,267	\$10,936,338	\$20,544,150	0.0%
19 to 49	Recipients	30,875	42,209	50,284	94,877	15,887	20,250	24,651	45,258	67.7%
	Payments	\$4,751,161	\$8,706,748	\$10,434,670	\$23,892,580	\$2,584,943	\$4,374,235	\$5,575,015	\$12,534,193	65.6%
50 to 64	Recipients	7,385	10,315	11,675	23,125	5,003	6,695	7,750	13,983	62.3%
	Payments	\$1,319,902	\$2,466,080	\$2,712,768	\$6,498,749	\$916,418	\$1,703,717	\$2,063,827	\$4,683,962	58.1%
65+ <sup>6</sup>	Recipients	0	0	0	0	127	155	194	371	0.0%
	Payments	\$0	\$0	\$0	\$0	\$23,583	\$35,981	\$48,217	\$107,781	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

<sup>5</sup> Emergency department includes facility cost only. Cost associated with physician services are included in table 5f.

<sup>6</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5b: Hospital Inpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>7</sup>	Recipients	0	0	0	0	4,252	4,582	4,092	11,991	0.0%
	Payments	\$0	\$0	\$0	\$0	\$29,259,766	\$29,765,733	\$29,379,916	\$88,405,415	0.0%
19 to 49	Recipients	5,113	5,055	4,448	12,980	4,235	4,080	3,595	10,750	54.7%
	Payments	\$27,742,183	\$26,602,836	\$23,362,937	\$77,707,956	\$21,230,750	\$19,837,502	\$17,317,185	\$58,385,438	57.1%
50 to 64	Recipients	1,737	1,653	1,503	4,201	1,422	1,405	1,224	3,306	56.0%
	Payments	\$13,616,419	\$13,408,004	\$12,400,377	\$39,424,800	\$12,059,808	\$10,996,908	\$10,202,002	\$33,258,718	54.2%
65+ <sup>7</sup>	Recipients	0	0	0	0	55	64	42	135	0.0%
	Payments	\$0	\$0	\$0	\$0	\$475,312	\$557,354	\$363,352	\$1,396,019	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

**Table 5c: Hospital Outpatient service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>7</sup>	Recipients	0	0	0	0	59,011	77,291	104,434	181,090	0.0%
	Payments	\$0	\$0	\$0	\$0	\$9,206,395	\$16,453,279	\$25,284,483	\$50,944,157	0.0%
19 to 49	Recipients	59,987	73,996	83,674	145,700	32,986	38,774	44,283	73,025	66.6%
	Payments	\$15,107,468	\$26,853,173	\$32,525,226	\$74,485,868	\$9,844,351	\$15,629,246	\$19,391,944	\$44,864,542	62.4%
50 to 64	Recipients	27,195	32,136	34,370	56,355	14,909	17,169	18,793	28,608	66.3%
	Payments	\$10,906,057	\$19,061,530	\$21,462,106	\$51,429,693	\$8,810,035	\$13,594,829	\$15,497,166	\$37,902,030	57.6%
65+ <sup>7</sup>	Recipients	0	0	0	0	464	542	524	922	0.0%
	Payments	\$0	\$0	\$0	\$0	\$228,297	\$484,685	\$428,681	\$1,141,662	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

<sup>7</sup> Medicaid Expansion population covers adults ages 19 through 64.



**Table 5d: NEMT service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>8</sup>	Recipients	0	0	0	0	3,007	3,702	3,443	7,626	0.0%
	Payments	\$0	\$0	\$0	\$0	\$645,245	\$664,440	\$726,647	\$2,036,332	0.0%
19 to 49	Recipients	4,005	4,565	4,109	8,703	4,691	5,286	4,918	8,929	49.4%
	Payments	\$1,036,845	\$1,174,723	\$1,024,503	\$3,236,071	\$1,107,716	\$1,273,192	\$1,137,004	\$3,517,912	47.9%
50 to 64	Recipients	2,689	2,976	2,716	5,245	6,022	6,209	6,209	10,325	33.7%
	Payments	\$583,952	\$585,455	\$549,219	\$1,673,626	\$1,292,843	\$1,511,964	\$1,292,847	\$4,097,654	29.0%
65+ <sup>8</sup>	Recipients	0	0	0	0	2,036	2,281	2,066	3,480	0.0%
	Payments	\$0	\$0	\$0	\$0	\$423,350	\$508,464	\$464,301	\$1,396,115	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

**Table 5e: Pharmacy service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>8</sup>	Recipients	0	0	0	0	143,641	165,335	183,753	299,405	0.0%
	Payments	\$0	\$0	\$0	\$0	\$22,642,816	\$24,884,210	\$24,965,765	\$72,492,790	0.0%
19 to 49	Recipients	137,339	135,679	134,019	201,451	68,172	66,786	66,383	96,821	67.5%
	Payments	\$42,263,474	\$39,938,779	\$40,753,891	\$122,956,144	\$27,042,491	\$25,176,965	\$25,442,475	\$77,661,931	61.3%
50 to 64	Recipients	63,735	62,469	61,688	78,069	33,752	33,462	33,031	39,050	66.7%
	Payments	\$24,885,778	\$23,339,439	\$24,290,091	\$72,575,309	\$23,133,891	\$21,615,870	\$21,325,143	\$66,074,905	52.3%
65+ <sup>8</sup>	Recipients	0	0	0	0	1,246	1,291	1,242	1,648	0.0%
	Payments	\$0	\$0	\$0	\$0	\$436,829	\$463,238	\$409,000	\$1,309,067	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

<sup>8</sup> Medicaid Expansion population covers adults ages 19 through 64.

**Table 5f: Physicians<sup>9</sup> service utilization and expenditures for expansion and non-expansion enrolled individuals, SFY 2020 Quarter 1**

Age Cohort		Expansion				Non-Expansion				Expansion as a % of Total
		July 2019	August 2019	September 2019	SFY 2020 Q1	July 2019	August 2019	September 2019	SFY 2020 Q1	
0 to 18 <sup>10</sup>	Recipients	0	0	0	0	157,696	175,034	190,953	351,101	0.0%
	Payments	\$0	\$0	\$0	\$0	\$23,763,142	\$24,992,010	\$26,311,426	\$75,066,577	0.0%
19 to 49	Recipients	93,684	93,407	94,369	172,830	49,991	50,323	50,861	86,315	66.7%
	Payments	\$16,723,059	\$16,723,059	\$16,285,892	\$49,723,010	\$10,762,290	\$10,382,980	\$10,386,458	\$31,531,728	61.2%
50 to 64	Recipients	36,602	36,270	36,381	61,680	20,574	20,537	20,287	31,711	66.0%
	Payments	\$8,556,186	\$8,380,291	\$8,493,098	\$25,429,575	\$5,556,310	\$5,441,448	\$5,424,066	\$16,421,825	60.8%
65+ <sup>10</sup>	Recipients	0	0	0	0	719	685	666	1,187	0.0%
	Payments	\$0	\$0	\$0	\$0	\$175,945	\$192,765	\$162,103	\$530,814	0.0%

Source: Medicaid Data Warehouse, data extracted on 5/15/2020.

<sup>9</sup> Includes both emergency and non-emergency services.

<sup>10</sup> Medicaid Expansion population covers adults ages 19 through 64.

## Pharmacy Benefit Managers

All five MCOs manage pharmacy benefits for members enrolled with full-benefits coverage. Partial-benefit members continue to receive pharmacy benefits under fee-for-service Medicaid. An MCO can self-administer its pharmacy benefits or subcontract with a pharmacy benefit manager (PBM). Table 6 lists the name of each PBM, identified as contracted or owned and whether the PBM was a subsidiary of the MCO's parent company during SFY 2020 quarter 1.

**Table 6: MCO PBMs, SFY 2020 Quarter 1**

MCO	PBM	MCO/PBM Relationship
ABH	CaremarkPCS Health	CVS Health Corporation is the ultimate owner of both Aetna (MCO) and Caremark (PBM). Aetna has an intercompany agreement with Caremark for PBM services.
ACLA	PerformRx	Both AmeriHealth Caritas Louisiana, Inc. and PerformRx are wholly-owned by AmeriHealth Caritas Health Plan. ACLA subcontracts with PerformRx for PBM services.
HB	IngenioRx	Healthy Blue is a joint venture between Blue Cross Blue Shield Louisiana and Amerigroup Partnership Plan, LLC. Anthem, Inc. is the ultimate parent company of Amerigroup and IngenioRx. IngenioRx provides PBM service to Healthy Blue under a master intercompany services agreement.
LHCC	Envolve Pharmacy Solutions	Centene Corporation is the parent company of Louisiana Healthcare Connections (LHCC) and Envolve Pharmacy Solutions (EPS). LHCC has a PBM contract with EPS and CVS is a subcontractor of EPS.
UHC	OptumRx	UnitedHealth Group is the parent company of both OptumRx and UnitedHealthcare of Louisiana. UnitedHealthcare of Louisiana, has a contractual relationship with OptumRx for PBM Services.

Source: Self-reported by MCOs

## PBM Revenue Streams

Table 7 provides a listing of revenues paid monthly to each PBM for management of the MCO's pharmacy benefit, including any rebates earned and retained by either the PBM or the MCO. All amounts are reported on a cash basis in the month received or remitted. The time period for collection of rebates by the PBM and remittance to the MCO varies across plans, with some occurring monthly and others quarterly. Rebates collected by the MCO are not remitted to the Department; however, these amounts are used by the actuary as a reduction in net pharmacy costs in the calculation of capitation rates. A quarterly and year-to-date summary for SFY 2020 are provided in Table 8.

In advance of the statutory deadline established by Act 483 of the 2018 regular legislative session, MCO contracts were amended to implement certain changes in the managed care pharmacy program that impact the data presented in this section. Effective May 1, 2019, these changes specifically limited contracts for PBM services to a transaction fee only, based on a set rate established by LDH. The current rate set by the Department is \$1.25 per processed claim. With implementation of a single preferred drug list (PDL), PBMs are no longer allowed to enter into

supplemental rebate agreements on drugs included on the single PDL nor are they allowed to engage in spread pricing. However, because these figures are reported on a cash-flow basis, some rebates and discounts that were accrued prior to the May 1 contract amendment were paid and reported after the May 1 effective date. For dates of services on and after May 1, 2019 the MCO/PBMs may collect rebates on items not included on the single PDL, such as diabetes testing supplies.

**Table 7: MCO PBM revenues by month, SFY 2020 Quarter 1**

	ABH	ACLA	HB <sup>11</sup>	LHCC	UHC
<b>July 2019</b>					
Transaction Fees Paid by MCO to PBM	\$90,771	\$443,119	\$135,398	\$519,426	\$599,010
Rebates and Discounts Retained by the MCO or PBM <sup>12</sup>	\$0	\$0	\$0	\$0	\$1,647,108
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing <sup>13</sup>	\$0	\$0	-\$114	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>14</sup>	\$0	\$0	\$801	\$0	\$0
<b>August 2019</b>					
Transaction Fees Paid by MCO to PBM	\$98,468	\$439,232	\$186,509	\$602,986	\$713,391
Rebates and Discounts Retained by the MCO or PBM <sup>12</sup>	\$830,426	\$0	\$1,772,530	\$0	\$1,459,214
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing <sup>13</sup>	\$0	\$0	\$38	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0
<b>September 2019</b>					
Transaction Fees Paid by MCO to PBM	\$75,505	\$449,546	\$158,112	\$600,595	\$626,591
Rebates and Discounts Retained by the MCO or PBM <sup>12</sup>	\$0	\$1,393,857	\$0	\$4,013,562	\$851,273
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing <sup>13</sup>	\$0	\$0	-\$286	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists	\$0	\$0	\$0	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

<sup>11</sup> Quarter 1 amounts for Healthy Blue include data for Express Scripts and IngenioRx combined.

<sup>12</sup> Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL. Post single PDL rebates collected by MCO/PBMs are primarily on diabetic supplies.

<sup>13</sup> Spread pricing amounts reported by Healthy Blue are reflective of claims paid and adjustments made for services received prior to May 2019.

<sup>14</sup> Other monies reported by HB are listed as fees for vaccine administration, member notification or contract transition, and coordination of benefits billed quarterly for services received prior to May 2019.

**Table 8: MCO PBM revenues quarterly and year to date summary, SFY 2020**

	ABH	ACLA	HB <sup>15</sup>	LHCC	UHC
<b>SFY 2020 Q1 Total</b>					
Transaction Fees Paid by MCO to PBM	\$264,745	\$1,331,896	\$480,020	\$1,723,007	\$1,938,993
Rebates and Discounts Retained by the MCO or PBM <sup>16</sup>	\$830,426	\$1,393,857	\$1,772,530	\$4,013,562	\$3,957,595
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing <sup>17</sup>	\$0	\$0	-\$361	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>18</sup>	\$0	\$0	\$801	\$0	\$0
<b>SFY 2020 YTD (July 2019 – June 2020)</b>					
Transaction Fees Paid by MCO to PBM	\$264,745	\$1,331,896	\$480,020	\$1,723,007	\$1,938,993
Rebates and Discounts Retained by the MCO or PBM <sup>16</sup>	\$830,426	\$1,393,857	\$1,772,530	\$4,013,562	\$3,957,595
Rebates and Discounts Collected by the MCO or PBM and Remitted to LDH	\$0	\$0	\$0	\$0	\$0
Amount Retained by the PBM through Spread Pricing <sup>17</sup>	\$0	\$0	-\$361	\$0	\$0
Other Monies Retained by the PBM that are not Reimbursed to Pharmacists <sup>18</sup>	\$0	\$0	\$801	\$0	\$0

Source: MCO self-reported, Report 054, template accessible at <http://ldh.la.gov/index.cfm/page/1700>.

<sup>15</sup> Quarter 1 amounts for Healthy Blue include data for Express Scripts and IngenioRx combined.

<sup>16</sup> Includes rebates received for prescriptions filled prior to the 5/1/2019 implementation of the single PDL, as well as, rebates for services post 5/1/2019 that are not covered under the single PDL. Post single PDL rebates collected by MCO/PBMs are primarily on diabetic supplies.

<sup>17</sup> Spread pricing amounts reported by Healthy Blue are reflective of claims paid and adjustments made for services received prior to May 2019.

<sup>18</sup> Other monies reported by HB are listed as fees for vaccine administration, member notification or contract transition, and coordination of benefits billed quarterly for services received prior to May 2019.

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